2023-2024 NOMINEE INFORMATION COVER SHEET UNIVERSITY OF FLORIDA RECOMMENDATION FOR TENURE, PERMANENT STATUS AND/OR PROMOTION

Name UFID# Department/Center Campus Box Current Rank Graduate Faculty	
Current Rank Graduate Faculty	
Type of Nomination:Tenure (If conditional, name of other institution)	
(Please mark) If tenured, date tenure received	<u>-</u>
Permanent Status (Extension Only)	
Promotion to (List Proposed Rank)	
THE NOMINEE DOES DOES NOT WAIVE HIS/HER RIGHT TO VIEW I EVALUATION.	
Nominee's Signature Date	
. I HAVE REVIEWED THIS PACKET AND BELIEVE THAT TO THE BEST OF MY KN IT IS COMPLETE.	OWLEDGE
Nominee's Signature Date	
. TENURE/PERMANENT STATUS ASSESSMENT	
Department/Center: Meets criteria Abstain Absent	i
Does not meet criteria Center (IFAS only) Meets criteria Abstain Absent	i
Does not meet criteria Abstain Abstain	
PROMOTION ASSESSMENT	
	i
Does not meet criteria	
	i
Does not meet criteria	
COLLEGE TENURE & PROMOTION COMMITTEE ASSESSMENT:	
TENURE/PERMANENT STATUS: Meets criteria Abstain	
Does not meet criteria Absent	
PROMOTION: Meets criteria Abstain	
Does not meet criteria Absent	
SIGNATURES AND ENDORSEMENT STATEMENT	
I do do not endors	se candidate
Department Chair/Director (if applicable) Date	
I do do not andon	a aandidata
I do do not endors Dean/Director Date	se candidate
STATEMENT OF UNIVERSITY OFFICIAL	
I am satisfied that the nominee has met all of the criteria for tenure permanent status and/or the University and has demonstrated a high degree of competence in the appropriate professiona granting this person tenure permanent status and/or promotion will interests of the institution and the State University System of Florida.	
President (or designee)	